DRAFT

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY COMMITTEE

Wednesday, June 7, 2017 — 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the advisory committee of the Prescription Monitoring Program was called to order at 10:05 a.m.
PRESIDING	Holly Morris, RPh, Crittenden's Drug, Chair
MEMBERS PRESENT:	John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C. Carola Bruflat, Family Nurse Practitioner, Vice Chair Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care Kate Neuhausen, M.D., Chief Medical Officer, DMAS Mark Ryan, M.D., VCU Medical Center
MEMBERS ABSENT:	Randall Clouse, Office of the Attorney General Jeffrey Gofton, M.D., Office of the Chief Medical Examiner Harvey Smith, 1SG, Virginia State Police Mellie Randall, Representative, Department of Behavioral Health and Developmental Services
STAFF PRESENT:	Dr. David Brown, Director, DHP James Rutkowski, Assistant Attorney General, Office of the Attorney General Elaine Yeatts, Senior Policy Analyst, DHP Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Ms. Morris welcomed everyone to the meeting of the advisory committee and all attendees introduced themselves.
APPROVAL OF AGENDA	The agenda was approved as presented.
APPROVAL OF MINUTES	Ms. Morris presented a motion to approve the minutes from the March 31, 2017 meeting of the PMP Advisory Committee and all were in favor. The minutes were approved as presented.
PUBLIC COMMENTS	No public comments were made.
Dr. Brown: DEPARTMENT OF HEALTH PROFESSIONS REPORT	Dr. Brown noted that Virginia's opioid crisis shows no sign of getting better anytime soon. From 2015 to 2016, there has been a 30% increase in overdose deaths primarily due to fentanyl and heroin. Deaths from prescription opioids, however, have

	decreased slightly. DHP is busy on this issue from many angles. Mr. Brown noted that the most significant effort has been the emergency regulations developed by the Boards of Medicine, Dentistry and Nursing regarding opioid prescribing. Dr. Brown noted that among those whose deaths were caused by heroin or fentanyl, 80% of those individuals began their substance abuse with prescription opioids. A large number of those began with a legitimate prescription for pain. He noted that the CDC guidelines will help reduce the number of persons entering the pipeline leading to heroin use. Dr. Brown also noted that the Secretary of Health and Human Resources had asked for a workgroup to look at integrating education about opioid prescribing and addiction treatment into the health professional schools. The Department of Health Professions is the lead on this endeavor and an initial meeting has been held. Dr. Brown also noted that the big hole in this whole crisis is access to treatment. Dr. Brown then asked Dr. Neuhausen to comment about the ARTS (Addiction and Referral to Treatment System) program. Dr. Neuhausen noted that the three main goals of the program are to: 1) increase insurance coverage of services through Medicaid, 2) add services, including peer support and 3) increase rates of reimbursement to health care providers. Beginning on 4/1/2017, ARTS provided for funding of a full array of services including inpatient detoxification, peer support, among other services, meaning that Medicaid recipients will finally receive the full array of services related to substance abuse treatment. Medicaid will often provide greater coverage than some commercial insurances. To date, the "Fee for Service" part of the program has achieved a 50% reduction in the # of pills prescribed -- the goal being not to necessarily prevent prescribing but to decrease the number of doses prescribed. The program has also removed all prior authorization requirements for all non-opioid treatment of pain including medications such as lidocaine patches effective December 1, 2017. The program also asks prescribers to co-prescribe naloxone. DMAS shall issue an email memorandum based on BOM, BON and BOD guidelines for opioid prescribing. Dr. Barsanti inquired about prescription opioid deaths flattening out and whether we will see an increase in heroin/fentanyl deaths. Dr. Brown noted that market forces are pushing people to more potent drugs as a result of a diminishing supply of prescription drugs on the street, and he does not anticipate a decrease in the number of deaths from heroin and fentanyl for the next five years. He also noted that there is still a large number of Americans starting opioids each day, and 25-30% of those are still receiving opioid prescriptions a year later. He also noted that we don't have enough pain treatment alternative providers including physical therapists and psychologists.

Elaine Yeatts: LEGISLATION AND REGULATION UPDATE	Elaine Yeatts distributed a chart of legislative updates. Ms. Yeatts noted that most boards regulating professions with prescriptive authority have made changes to existing regulations with regard to opioid prescribing. Mr. Orr noted that there was lots of activity during the General Assembly with impact on the PMP in many bills. Mr. Orr noted that effective July 1, 2017, the PMP will expand access to the PMP for certain individuals supporting the Medicaid Managed Care PUMS (Patient Utilization Management Safety) Program.
Ralph Orr: DISCUSSION: POSSIBLE LEGISLATIVE PROPOSALS	1) <u>Authorize Prescriber to Request PMP Report of Parent or Caregiver of Child in Certain Cases</u>. Mr. Orr noted that there have been requests from some pediatricians requesting to see some parents' and/or caregivers' PMP information. Authority for this particular request is not in any Model Act. Dr. Barsanti posed the question - what can the pediatrician do with the information once they have obtained it? In addition, what is the trigger that prompts you to run the report? Discussion pointed out that the Department of Social Services (DSS) does not have access. Should DSS have access instead? Carola Bruflat said that events such as this should require an interdisciplinary discussion. What is the goal? Is the goal to determine whether or not to notify DSS? Dr. Ryan noted that if the pediatrician is going to call CPS, then maybe it would be better for CPS (and in the case of the elderly, APS) to have access to the PMP. The Committee requested further investigation of this issue. 2) <u>Reporting of Dispensing of Naloxone to the PMP</u>. Mr. Orr noted that WV collects naloxone data, but it is not provided in individual PMP reports but used for data analytics to see from where naloxone is dispensed. The committee discussed that the patient receiving a prescription may not fill it, and because of this you cannot assure that the prescriber did not prescribe it in conjunction with an opioid. Dr. Neuhausen stated that there is value in having that data because at present we do not have any information on whether naloxone is being filled. Dr. Brown noted that DBHDS will be tracking distribution of naloxone. Dr. Ryan noted that it would be nice to see if your patient is picking up their naloxone along with his or her opioid. Dr. Ryan then inquired whether it would just be on the list or would it be earmarked as having been picked up? He would prefer it to be earmarked. The Committee unanimously recommended to adopt the language. 3) <u>Reporting of Schedule V Controlled Substances to PMP</u>. Mr. Orr noted that all of our border states are collecting Schedule V drugs. After a brief discussion, the Committee recommended that the language be adopted. 4) <u>Reporting of Information Relating to Person Picking Up Controlled Substances to PMP</u>.

	Mr. Orr noted that we have to be cognizant of the language in the Drug Control Act, noting that the pharmacy is required to see ID in specific instances. However, it was noted that reporting of the person picking up the prescription is not allowed under current law. The Committee recommended referring this issue to the Board of Pharmacy to explore options.
Ralph Orr and Carolyn McKann: PROGRAM UPDATE	1) Integration Report: NarxCare Project. Mr. Orr stated that the Bayview rollout of the NarxCare product began with a soft launch within days of beginning work to connect with NarxCare. Prescribers using the product indicate that the solution results in savings of several minutes per patient. Mr. Orr also noted that over 30 health care groups are interested in utilizing this product. 2) Interoperability Report: Carolyn McKann explained that PMPi is a national network which currently links 41 states at present and should include 45 states by the end of the year. The Virginia PMP currently is interoperable with 21 states and the District of Columbia. Dr. Ryan noted that he wanted to select Tennessee frequently but was not aware that users could select their default PMPi states within their account. Ms. McKann noted that this could be an opportunity to educate users about their account capabilities. 3) Gabapentin as a Drug of Concern: Ms. McKann noted that following the Governor signing HB 2176, gabapentin is now required to be reported to the PMP. Ms. McKann further noted that because gabapentin is not a controlled substance, prescribers who prescribe it may not have a DEA and dispensers who dispense it may not have an NPI. Therefore, Appriss had to make changes to the reporting system allowing the use of the NPI in absence of the DEA and a dummy number in absence of the NPI. During the month of May, gabapentin was the second most frequent drug reported to the PMP. 4) Communications Update: Ms. McKann noted that Dr. Brown approved an outline of educational pieces, possibly developed as YouTube videos regarding such processes as how to submit a request, how to access "my profile", etc. Dr. Ryan mentioned that it would be more helpful to receive an email with a few screen shots, including a link to a video or other educational piece should more information be required by each user. Ms. McKann and Diane Brown, Director of Communications, agreed to meet at a future date to discuss the planned videos/emails/screen grabs. 5) Statistics: Ms. McKann reviewed the 2017 statistics Including current registered users, total requests from Virginia users, total prescription records added and total unsolicited reports sent to affected prescribers.

Ralph Orr: PMP ENHANCEMENT INITIATIVES	1) Prescriber Reports: Committee Members reviewed the Sample report and Mr. Orr noted that there has been mostly a positive response to these reports. The committee members noted that they did not have enough information to determine the significance in the difference between those in the same role and healthcare specialty and those only in the same healthcare specialty. Dr. Neuhausen noted, for example, that it would be more helpful to have the total numbers of patients receiving greater than 90 MME than the monthly average total MME for all patients. Dr. Ryan noted that it would be nice to have a hot link to the list of patients who are currently obtaining dangerous combination therapy. 2) TABLEAU: Mr. Orr gave a short demonstration of TABLEAU and committee members felt it was a very powerful tool with many potential uses.
ANNUAL REPORT:	Legislative Requirement: Mr. Orr reviewed the language requiring the PMP to produce an annual report. Sample State Reports: Mr. Orr presented 2 sample state reports for the committee's review and members noted the value of both. The committee felt that Virginia's annual report to the General Assembly should be brief and that a larger report should come the Secretary of Health's office. The report should include: a demonstration that PMP checks have increased, evidence that opioid/benzo combinations have decreased and evidence that overdose deaths have decreased (or that efforts have been made to do so). The short report shall be modeled after the PBSS Data Brief.
ELECTION OF CHAIR AND VICE-CHAIR for FY2018:	Carola Bruflat nominated Holly Morris for the Chair position, Dr. Barsanti seconded the motion and all were in favor. The committee agreed to wait until the September meeting to elect a Vice Chair.
ADDITIONAL MEETING DATES FOR 2017:	September 14, 2017 and December 6, 2017.
NEXT MEETING	The next meeting will be held on September 14 from 10 a.m. to 2:00 p.m.
ADJOURN:	With all business concluded, the committee adjourned at 1:41 p.m.
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	Holly Morris, Chairman
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	Ralph A. Orr, Director